



NEEDLE CRICOTHYROTOMY

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Upper airway obstruction with severe respiratory distress.
2. When unable to ventilate utilizing conventional airway maneuvers or devices.

ABSOLUTE CONTRAINDICATION

Transection of the distal trachea.

PROCEDURE

1. Support ventilations with appropriate basic airway adjuncts. Use in-line cervical stabilization as needed. Explain procedure to a conscious patient.
2. Assemble appropriate equipment and pre-oxygenate prior to attempting procedure.
 - a. Locate the soft cricothyroid membrane between the thyroid and cricoid cartilage.
 - b. Insert appropriately sized needle and verify position. (An approved needle cricothyroid device may be utilized per manufacture's guidelines.)
 - i. Adult 10-15 gauge needle.
 - ii. Pediatric 12-15 gauge needle.
 - c. Per manufacturer's recommendation, attach cannula adapter to BVM or use Translaryngeal Jet Ventilation (TLJV) device and ventilate with either BVM or TLJV (one (1) second on and three (3) seconds off).
 - d. Assist with exhalation by intermittently pressing downward and upward on chest wall if needed. Consider adding a 3-way stopcock or y-connector inline to facilitate exhalation.
3. Document verification of needle placement.

4. Monitor end-tidal CO₂ and/or pulse oximetry and chest expansion. For agencies with waveform capnography document the shape of the wave and the capnography number in mmHG.
5. Contact Base Station if unable to adequately ventilate patient and transport immediately to closest hospital for airway management.